STATEMENT SUBMITTED BY

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TO

THE HOUSE VETERANS' AFFAIRS COMMITTEE
OVERSIGHT AND INVESTIGATIONS SUBCOMMITTE

AT THE INDIANAPOLIS, INDIANA, FIELD HEARING

ON QUALITY OF CARE AND MANAGEMENT ISSUES IN INDIANA

SEPTEMBER 5, 2001

Chairman Buyer and Representative Carson, my name is Bill Overbey. I am the Local President of the American Federation of Government Employees (AFGE) Local 1020, which represents the employees at the Marion, IN, campus of the VA Northern Indiana Health Care System (VA NIHCS). My Local represents the full range of health care workers and support staff at this facility. AFGE Local 1020 appreciates the opportunity to update you on the changes affecting our ability to provide veterans with quality care.

The Elimination of Inpatient Beds Denies Veterans Access to Needed Care

Our Veterans Service Integrated Network (or VISN) budget is adequate. An expected multi-million dollar shortfall is driving patient care decisions. This is not in the best interest of veterans.

Management is proposing to decrease our inpatient psychiatry care by at least 50 beds. This will involve discharging 50 veterans in need of psychiatric care, including those who need the protective environment of a restricted ward. The restrictive ward or locked unit is a part of the brand new inpatient building VA NIHCS opened a year ago and cost approximately $20 million to construct.

VISN 11 management is ordering VA NIHCS to discharge 25 patients and close a unit no later than September 15, 2001. We will be required to discharge another 25 patients and close another psychiatric unit no later than December 1, 2001. Once these psychiatric care units are closed we will be shutting the doors on veterans who desperately need this care.

Whether to discharge a psychiatric patient and, if so, when are important medical decisions. By ordering the closure of these essential treatment beds, VISN 11 and the VA NIHCS management are in effect pressuring and pushing for a specific course of medical treatment and discharge plan for individual patients to suit their timelines not the needs of the veterans.

AFGE Local 1020 is very troubled by the closing of these beds as we believe it is not based on sound medical practice or policy. The discharges to other facilities, or to the street are to take place regardless of the treatment team assessment of what is in the best interest of the patient. The sole purpose of this action is to save money for the VISN by closing two inpatient psychiatric units. Ultimately this will decrease staff levels by decreasing the overall inpatient caseload as well. Our VA facility will deny veterans access to health care with the excuse that we don't have any available beds.

Will VISN 11 or VA NIHCS management be held accountable for any negative outcome to our patients because they are being discharged against the professional opinion of the treating physician? Instead, it is more likely, that if a patient commits suicide or is otherwise negatively affected as a result of this

forced discharge that the treating physician will be held legally and ethically accountable.

Chairman Buyer and Representative Carson, AFGE Local 1020 urges you to help stop the closure of these psychiatric beds.

VA NIHCS management has also determined that our acute medical care unit should be "consolidated." This is a misnomer as beds are being eliminated not moved elsewhere. Our VA sister facility in Fort Wayne will not have a single additional medical unit bed. Nor will the VA Fort Wayne facility receive any additional medical staff as a result of this “consolidation”.

The elimination of this medical care unit will cost veterans access to care. It will also increase our costs for transporting veterans back and forth from community hospitals (both in Marion and surrounding communities), nursing home facilities and to other VA facilities in Fort Wayne and Indianapolis.

The closure of this medical unit will adversely impact veterans who need a range of care. This unit provides acute medical care for outpatients who need inpatient care but for less than a full 24 hours. This unit also provides care for homeless veterans and patients with alcohol and polysubstance abuse and dependence problems. This unit also provides respite care for chronic care patients.

Closing the acute medical care beds will not make homeless or addicted veterans in need of medical care disappear. It will mean the VA is shutting its doors on veterans in need. It means VA will shunt veterans to contractors. It means VA will abdicate and relinquish its direct care for these sicker, older and poorer veterans.

The acute medical care unit should not be closed.

<u>Inadequate Staffing Levels Threaten Quality of Care</u>

In June 1, 2001, this subcommittee held a hearing in Marion, Indiana, and I testified about how inadequate staffing was placing care at risk. Since that hearing the VA NICHS received supplemental funding for FY 2000. Unfortunately, this money was not used to improve staffing levels. The staffing numbers at VA NIHCS have remained basically the same. The status quo is unacceptable and threatens the quality of care our facility can deliver to veterans.

Retention and recruitment of VA health care providers are in need of improvement. We need adequate numbers of well-trained staff to manage workloads, to prevent harmful delays in care, to avert medical errors and to improve services.

Currently, there is a mounting nursing shortage across the nation. Congress must act now to ensure that VA can retain and recruit adequate numbers of Registered Nurses, Licensed Practical Nurses and Nursing Assistants. The staffing problem is likely to get worse as nurses' and the veterans they care for grow older. VA patients are already older, sicker and poorer than the non-VA patient population treated in the private sector. Although the overall veteran population will decrease in the coming decades, the demand on the VA for the most labor intensive medical care for elderly veterans with chronic and multiple illnesses, and disabling conditions will increase.

The increase in demand will occur when VA's workforce is approaching retirement at a faster rate then the nursing workforce in the private sector. According to the American Hospital Association, the average age of nurses providing inpatient care is 45; in the VA the average age for a full time RN is 48. Within four years 35% of VA's RNs will be eligible to retire. At the same time, 29% of the LPNs and 34% of the NAs will be eligible to retire. VA will not be able to provide care for the most vulnerable veterans -- the poor, elderly and disabled -- when they are most in need of VA's care, unless we act expeditiously.

The Senate Veterans Affairs Committee has approved S. 1188, the Department of Veterans Affairs Nurse Recruitment and Retention Enhancement Act of 2001. This legislation takes important steps to address the staffing shortage at VA. It is expected that the full Senate will vote on this legislation later this month. AFGE asks for your support of S. 1188 when the House Veterans' Affairs Committee considers this legislation.

Although the nursing shortage has been most visible in the media, other professions are on the verge of crisis of similar proportions. Unfilled pharmacists positions are rapidly growing, at the same time the demand for pharmacists is increasing and enrollment in pharmacy schools are decreasing. VA is particularly vulnerable to this emerging shortage because nearly a third of VA's pharmacists are 50 years or older and moving towards retirement. The VA is also vulnerable to the growing shortage of social workers because it is the single largest employer of social workers in the nation. These professionals are key to treating VA's older, sicker and poorer patient population. VA must act now to replace the 1 in 8 social workers it has lost since 1995.

As with the nursing shortage, we must heed the warning signs in the current working conditions for pharmacists, social workers and other essential direct and adjunct health care occupations while we address supply issues.

This concludes my statement. Thank you again for the opportunity to testify.